PRINTED: 10/29/2012 FORM APPROVED

Indiana State Department of Health

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION |  | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: |   | (X2) MULTIPLE CONSTRUCTION |  | (X3) DATE SURVEY<br>COMPLETED |                          |
|--|--|--|---|----------------------------|--|-------------------------------|--------------------------|
|  |  | 012263   |   | A. BUILDING  B. WING       |  | C<br><b>10/25/2012</b>        |                          |
| NAME OF PROVIDER OR SUPPLIER                     |  |  | STREET ADD                                  | RESS, CITY, STA            | TE, ZIP CODE                           |                               | 0.20.2                   |
| HEARTH AT TUDOR GARDENS LLC                      |  |  | 11755 N MICHIGAN RD<br>ZIONSVILLE, IN 46077 |                            |  |                               |                          |
| (X4) ID<br>PREFIX<br>TAG                         | SUMMARY STATEMENT OF DEFICIENCIES<br>(EACH DEFICIENCY MUST BE PRECEDED BY FU<br>REGULATORY OR LSC IDENTIFYING INFORMATION  |  |   | ID<br>PREFIX<br>TAG        | (EACH CORRECTIVE ACTION SHOULD BE COMP |                               | (X5)<br>COMPLETE<br>DATE |
| R 000  | INITIAL COMMENTS   |  |   | R 000                      |  |                               |                          |
|  | This visit was for the Investigation of Complaint IN00117233.  Complaint IN00117233- Substantiated. No deficiencies related to the allegations are cited.          |  |   |                            |  |                               |                          |
|  | Survey dates : October 25, 2012  |  |   |                            |  |                               |                          |
|  | Facility number: 012<br>Provider number: 012<br>Aim number: N/A  | 2263   |   |                            |  |                               |                          |
|  | Survey team: Michelle Hosteter RN  |  |   |                            |  |                               |                          |
|  | Census bed type:<br>Residential : 106<br>Total : 106   |  |   |                            |  |                               |                          |
|  | Census payor type:<br>Other: 106<br>Total: 106   |  |   |                            |  |                               |                          |
|  | Sample : 3   |  |   |                            |  |                               |                          |
|  | Hearth at Tudor Gardens was found to be in compliance with 410-IAC 16.2 in regard to the Investigation of Complaint IN00117233.  Quality review completed 10/28/12 |  |   |                            |  |                               |                          |
|  | Cathy Emswiller RN   |  |   |                            |  |                               |                          |
|  |  |  |   |                            |  |                               |                          |
|  |  |  |   |                            |  |                               |                          |

Indiana State Department of Health

TITLE (X6) DATE

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE